

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

Bu. Vou. No. 2088

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No.

To

(Payee)

PAID BY

Encl #6
DPS0053
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				14,722.	85

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from to Weight Government B/L No. Total 14,722.85

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

STATOTHR

(Sign original only)

Differences

Date 4/25/58

*Payee

not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for
(Signature or initials) EE

14,722.85

Per

Title

Contract No.

A-101

Date

Req. No.

Date

Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$

†

(Authorized Certifying Officer)

By

SIGN
ORIGINAL
ONLY

Title

Title

Date

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. dated 19, for \$ (on Treasurer of the United States in favor of payee named above.)
Cash, \$, on 19, Payee (Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, the signature only is necessary; otherwise the approving official signs on the line below, and the certifying official signs over his official title.

Per

STATOTHR

DATE 4/20/58

FORM STL - 660

WEEKLY DET DISTR

DATE _____

4/20/58

[illegible]

FORM STL - 660

WEEKLY DET DISTR

DATE _____

4/20/58

[illegible]

FORM STL - 660

ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE _____

4/20/58

[illegible]

Approved For Release 2002/06/10 : CIA-RDP64-00360R000600020116-6

FORM NO. 1229 THE STANDARD REGISTER CO. - PACIFIC DIVISION OAKLAND CALIF. 1934

Sheet #5

THE RAMO-WOOLDRIDGE CORPORATION

ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE

4/20/58

FORM STL - 680

BATCH				INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	TR. CODE	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT
No.	Mo.	Day	Yr.				Mo.	Day					Mat.	Int.	Sub.	Account	M.J.O.	S.D.	Work Order	
19	04	14	8	42351	44327		04	17	264			50	25	40	00	12501	5093	90	1	1890
21	04	15	8	DM-1492	43766		04	18	193			50	25	40	00	12501	5093	90	1	446
21	04	15	8	5944	44176		04	16	1177			50	25	40	00	12501	5093	90	1	446
22	04	15	8	408818	44299		04	25	12			50	25	40	00	12501	5093	90	1	211
24	04	16	8	4526	44669		05	02	412			50	25	40	00	12501	5093	90	1	211
27	04	18	8	9255	44830		05	15	66			50	25	40	00	12501	5093	90	1	211
27	04	18	8	5973	44176		04	21	1177			50	25	40	00	12501	5093	90	1	600
27	04	18	8	5975	44176		04	21	1177			50	25	40	00	12501	5093	90	1	600
20	04	14	8	9230	44345		04	15	1880			50	25	40	00	12501	5093	90	1	600
19	04	14	8	21522	44703		04	15	419			50	25	40	00	12501	5093	90	1	419
21	04	15	8	5219	44183		04	17	897			50	25	40	00	12501	5093	90	1	233
25	04	16	8	5939	44176		04	17	1177			50	25	40	00	12501	5093	90	1	733
27	04	18	8	5970	44176		04	21	1177			50	25	40	00	12501	5093	90	1	633
27	04	18	8	5980	44176		04	21	1177			50	25	40	00	12501	5093	90	1	633
99	04	15	8	1241241	44160		03	28	405			50	25	40	00	12501	5093	90	1	189
21	04	15	8	DM-1588	44183		04	17	897			50	25	40	00	12501	5093	90	1	323
21	04	15	8	6252	44156		04	30	190			50	25	40	00	12501	5093	90	1	323
21	04	15	8	DM-1585	44156		04	30	190			50	25	40	00	12501	5093	90	1	323
To Sheet #6																				270667 **
																				270667 **

Sheet #6

THE RAMO-WOOLDRIDGE CORPORATION

FORM STL - 660

ACCOUNTS PAYABLE

WEEKLY DET DISTR

DATE

4/20/58

BATCH				INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR. CODE	COST CENTER			CHARGE DISTRIBUTION				NET AMOUNT	
No.	Mo.	Day	Yr.				Mo.	Day							Maj.	Int.	Sub.	Account	M.I.O.	S.D.	Work Order		
99	04	15	8	1241241	44160		03	28	405					58	25	40	00	12501	5093	91	1		
																							225
																							225 *
																							225 **
																							294198 ***
																							Sheet #1
																							70.00
																							#2
																							28.50
																							#3
																							12.50
																							#4
																							233.06
																							#5
																							2,706.67
																							Total
																							3,052.98